

**HANOVER**  
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Mechanicsville, VA 23116



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**SHORT PUMP:**  
11934 W Broad St, Suite 120  
Henrico, VA 23233

## Guardian Permission

Date: \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to  
bring my child \_\_\_\_\_ to Sparkle Pediatric Dentistry's  
office for his/her dental appointment

Guardian's Name: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_